

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF COMMUNITY AFFAIRS**
**Homeless Programs**

1800 Third Street, Suite 390  
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(916) 445-0845  
FAX (916) 323-6016  
Email: homeless@hcd.ca.gov



**DATE:** August 21, 2003

**TO:** Interested Parties

**FROM:** Carlos Patterson  
Homeless Programs Manager

**RE:** Emergency Housing and Assistance Program (EHAP); EHAP XI Statewide NOFA

The purpose of this letter is to provide the following information:

1. The anticipated time frames for the availability of the EHAP XI Statewide Notice of Funding Availability (NOFA), the announcement of awards and the mailing of contracts.

The anticipated time frames are:

NOFA mailed (only to those who complete and return the form below): September 12, 2003  
Applications due (if located in a county without a DLB) November 13, 2003

	<b><u>(Non-competitive counties)</u></b>	<b><u>(Competitive counties)</u></b>
Funding announcements:	January 12, 2004	February 27, 2004
Mailing date of contracts:	February 4, 2004	March 20, 2004
Appx. effective date of contracts:	March 18, 2004	May 3, 2004

2. The procedure to request a NOFA package if your agency is located in a county without a Designated Local Board (DLB), and the procedure to receive this notice next year:

If you want to receive a NOFA and you are located in a county without a DLB, please complete the form below and fax this memo back to us at 916-323-6016 or mail it to the address listed at the top of this letter. The following counties will have DLBs: Alameda, Contra Costa, Fresno, Humboldt, Inyo, Los Angeles, Madera, Marin, Mono, Orange, Riverside, Sacramento, San Bernardino, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Shasta, Solano, Sutter, Ventura, Yolo and Yuba. If you are in one of these counties, contact the DLB directly at the telephone number on the attached list to receive information regarding the local NOFA for your county.

**Please complete the following form and return it to EHAP:**

- a. Do you want an EHAP XI NOFA mailed to your agency? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Do you want next year's NOFA notice mailed to your agency? \* Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Note: if "No" is checked for both, your agency will not receive any future EHAP mailings**

Agency: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Address/City/Zip Code: \_\_\_\_\_

Phone/FAX/E-mail: \_\_\_\_\_